

03500.016247 (35.C16247)



PATENT APPLICATION

11/B
T. Steptoe
8-26-03

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
Hikaru OSADA) Examiner: Q. Grainger
Application No.: 10/086,735) Group Art Unit: 2852
Filed: March 4, 2002)
For: IMAGE FORMING APPARATUS) August 6, 2003
HAVING SPEED-CHANGEABLE)
IMAGE BEARING BODY)

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Official Action dated May 6, 2003, Applicant respectfully submits the following amendments and remarks.

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TECHNOLOGY CENTER 2800

In re Application of:
Hikaru OSADA



Docket No. 03500.016247. (35.C16247)

Application No.: 10/086,735

Examiner: Q. Grainger

Filed: March 4, 2002

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For: IMAGE FORMING APPARATUS HAVING
SPEED-CHANGEABLE IMAGE BEARING
BODY

Date: August 6, 2003

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Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	15	MINUS	20	0	x \$9 \$18	\$ 0.00
INDEP. CLAIMS	3	MINUS	3	0	x \$42 \$84	\$ 0.00
Fee for Multiple Dependent claims \$140°/\$280						\$ 0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0.00

°Verified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$_____ is enclosed.

Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

A check in the amount of \$_____ to cover the fee for a ____-month extension is enclosed.

A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Collin A. Webb
Registration No. 44,396

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